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National Study on Community College Health

By Nan Ottenritter

The national Bridges to Healthy Communities project of the American Association of Community College’s (AACC) helps provide education and information programs to prevent HIV infection and other serious health problems in youth and students. In 1996 and 2000, AACC conducted national surveys concerning administration and leadership, curricular and co-curricular programs, health services, and community collaboration. Results of the first survey are described in a 1998 publication, *Community Colleges Tackle Student Health and HIV/AIDS*. This research brief summarizes the findings of the 2000 survey which included most of the 1996 survey questions as well as more detail about community college health centers and services. Findings include:

- Alcohol and other drugs, disability awareness, sexual assault, and multiculturalism/diversity are the campus health concerns most frequently mentioned in written college policies.
- Twenty percent of responding campuses had an HIV/AIDS task force or similar advisory committee.
- The number of responding community colleges offering faculty and staff development in HIV/AIDS-related issues declined from an average of 75 percent in 1996 to an average of 56 percent in 2000.
- Alcohol and other drugs, multiculturalism and diversity, and stress management continue to be the most frequently addressed health concerns in classes and presentations. Offerings on communicable diseases, exercise and fitness, and nutrition are secondary concerns.
- The percentage of responding colleges offering service learning opportunities in HIV/AIDS, alcohol/drugs, and human sexuality increased from 1996 to 2000. Ninety percent of responding colleges did not offer a specific HIV/AIDS course.
- Among responding campuses, 41 percent targeted persons engaging in high-risk behaviors for health-related activities through events, promotional materials, and services. Between 20 and 30 percent targeted populations that are disproportionately affected by HIV infection, including African Americans, Hispanics/Latinos, men who have sex with men, youth, and women.

FIGURE 1: Success Factors for Healthy Campuses

- | | |
|---------------------------------|-------------------------------------|
| • Campus environment and policy | • Prevention programs |
| • Health messages | • Attending to priority populations |
| • Professional development | • Health services |
| • Student leadership | • Collaboration |

- Forty-two percent of responding colleges had health centers on campus.
- HIV testing was available to students on 15 percent of the responding campuses; 58 percent with this service tested fewer than 50 students in one year. The percentage of responding colleges offering sexually transmitted disease (STD) testing increased from 17 percent in 1996 to 27 percent in 2000.

Methodology

In September 2000, AACC surveyed all U.S. community colleges to gather data on administration and leadership, curricular and co-curricular programs, college health centers and health services, and community collaborations related to HIV/AIDS.

Distributed to college presidents and student health coordinators, the surveys were completed by student health directors (18.6 percent of responding colleges), deans of student services (16.4 percent), college nurses (10.9 percent), deans of allied health and nursing (9.2 percent) and other institutional administrators. Of the 1,100 colleges receiving the survey, we received usable surveys from 406 colleges, for an institutional response rate of 37 percent. Several colleges supplied more than one response, and when this occurred, the college was contacted to determine which response to use. The percentage of responding colleges in the brief refers to the number of responding colleges for each question.

The responding colleges were representative of community colleges nationwide with respect to

geographic region and enrollment. However, as shown in figure 2, urban and suburban colleges were more likely to respond, and rural or small town colleges were less likely to respond to the survey.

Colleges that responded in 1996 are not necessarily represented in the group of respondents in 2000; i.e., the same colleges were not tracked over the four-year period. Therefore it cannot be said with certainty that responses of a particular community college have changed in this period. These data do, however, provide a snapshot of administration and leadership, curricular and co-curricular programs, health services, and community collaboration in community colleges in 1996 and in 2000.

The 2000 survey included several questions that were not asked in the 1996 instrument. The new questions focused on four general areas: frequency and respondent satisfaction with the delivery of health messages on campus, curricular and co-curricular programs, college health centers, and details regarding the availability of HIV testing on campus. The new questions addressed three primary concerns:

FIGURE 2 **Locations of Responding Colleges**

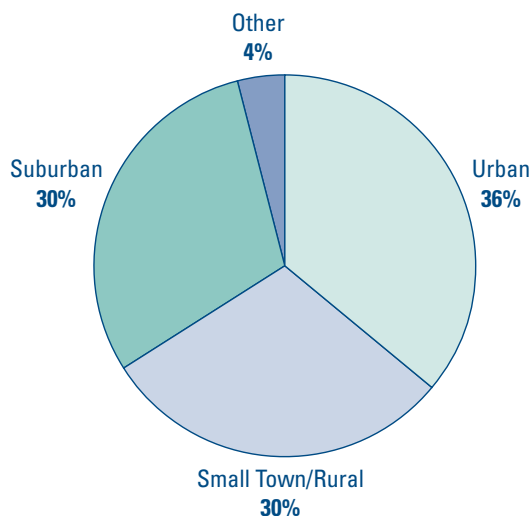
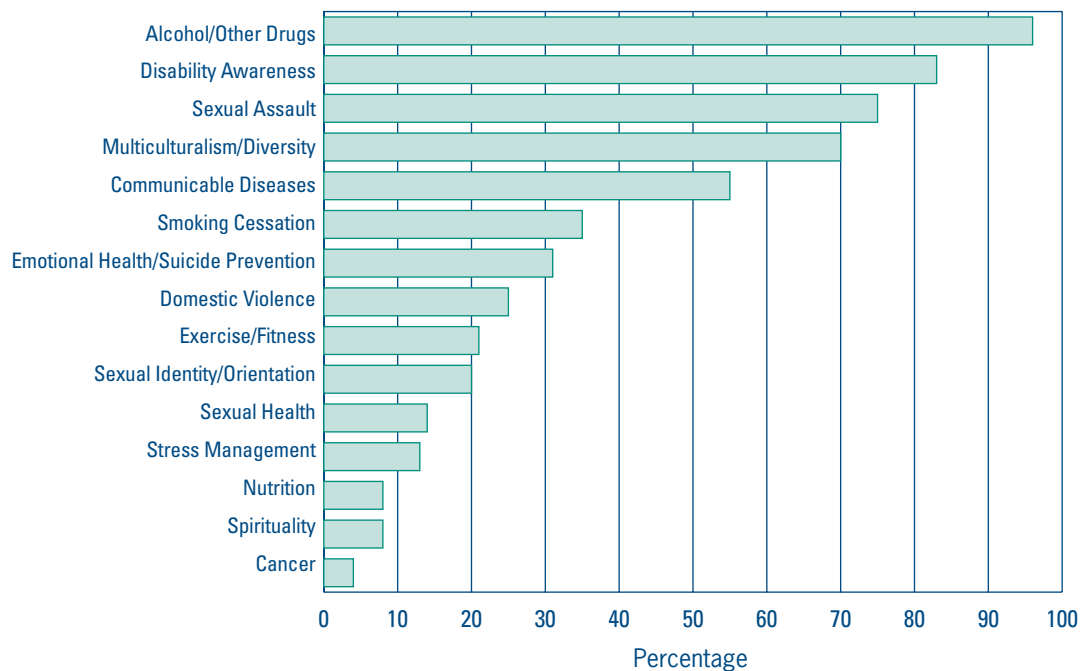


FIGURE 3

Health Issues Addressed Through Written Policy



- Community college operations and teaching are becoming more technology-dependent. Health educators are using technology to reach students with health information through chat rooms, Web sites, e-mail messages, online syllabi, and distance learning courses. The use of anonymous self-assessment of risk behaviors via computers appears to hold important possibilities for disseminating information and getting people into treatment.
- The 2000 survey reflects the priorities set in the U.S. Public Health Service's *Healthy People 2010* goals by asking questions about disparities in health because of racial and gender differences. The survey queried colleges about campus programs directed towards Hispanics/Latinos, African Americans, men who have sex with men, youth, and women.

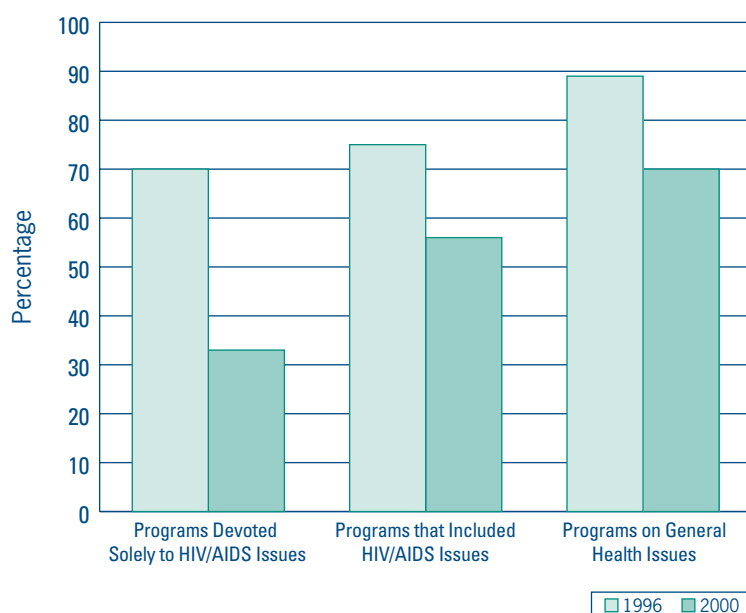
- Questions about campus health centers were added because of numerous inquiries to AACC from community colleges.

Administration and Leadership

College leaders set the tone for how colleges handle health issues on a campus. AACC was particularly interested in written policies, college directives concerning HIV/AIDS, distribution of health information and messages, and reasons for not becoming involved in HIV activities. Figure 3 illustrates the percentages of responding colleges with written policies in specific areas. A majority of responding colleges had policies concerning alcohol and other drugs, disability awareness, sexual assault, and multiculturalism/diversity. Based on feedback from Bridges to Healthy Communities project personnel, data were

FIGURE 4

Faculty and Staff Development in HIV/AIDS



collected for the first time in the 2000 survey on cancer, communicable diseases, and domestic violence.

Responses changed significantly from 1996 to 2000 regarding faculty and staff development opportunities provided for HIV/AIDS-related issues. Figure 4 illustrates the decline of HIV-related and general health programs. Yet the percentages of responding colleges with an official, institutionalized budget allocated for HIV/AIDS education (8 percent) remained the same in both surveys, as did the percentage of colleges with an HIV/AIDS task force or advisory committee (20 percent).

Colleges distributed HIV/AIDS and general health information through a variety of venues on campus. Figure 5 illustrates distribution in the responding colleges. The number of colleges using special programs, new student orientation, and posters to distribute HIV/AIDS information declined from 1996 to 2000. This could indicate that HIV/AIDS is less visible on campuses or that it has

become more seamlessly integrated into institutions. In a separate question regarding formats used to deliver health messages to students, posters and brochures, credit, and non-credit courses were found to be the most popular and most frequently used mechanisms. Less frequently used—but still popular—methods for delivery of health messages to students were annual distribution of campus policies and co-curricular programs and services.

In the 2000 survey, 20 percent of responding colleges reported having an HIV/AIDS task force or advisory committee. Eight percent had an institutionalized budget allocated for HIV/AIDS education.

Figure 6 illustrates reasons for institutional non-involvement in HIV/AIDS. The reasons remained fairly consistent from 1996 to 2000. Insufficient resources were the most highly ranked current reason for not becoming involved (64 percent of respondents). The lowest ranked reason was significant opposition (8 percent).

FIGURE 5

Sources of HIV/AIDS and General Health Information on Campus in 2000

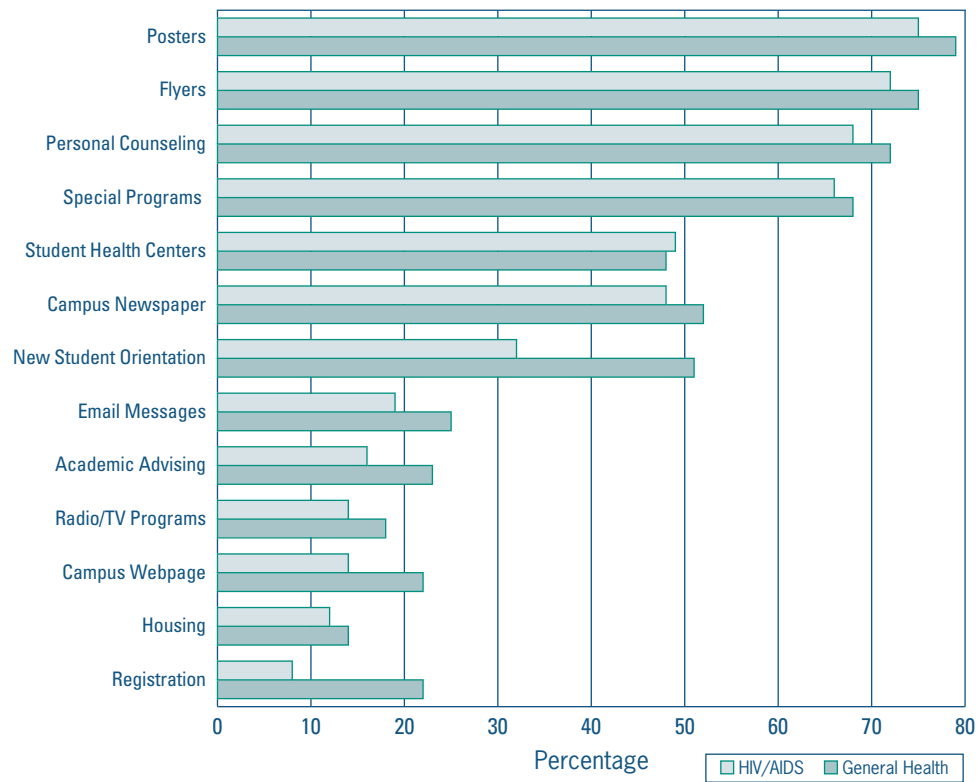
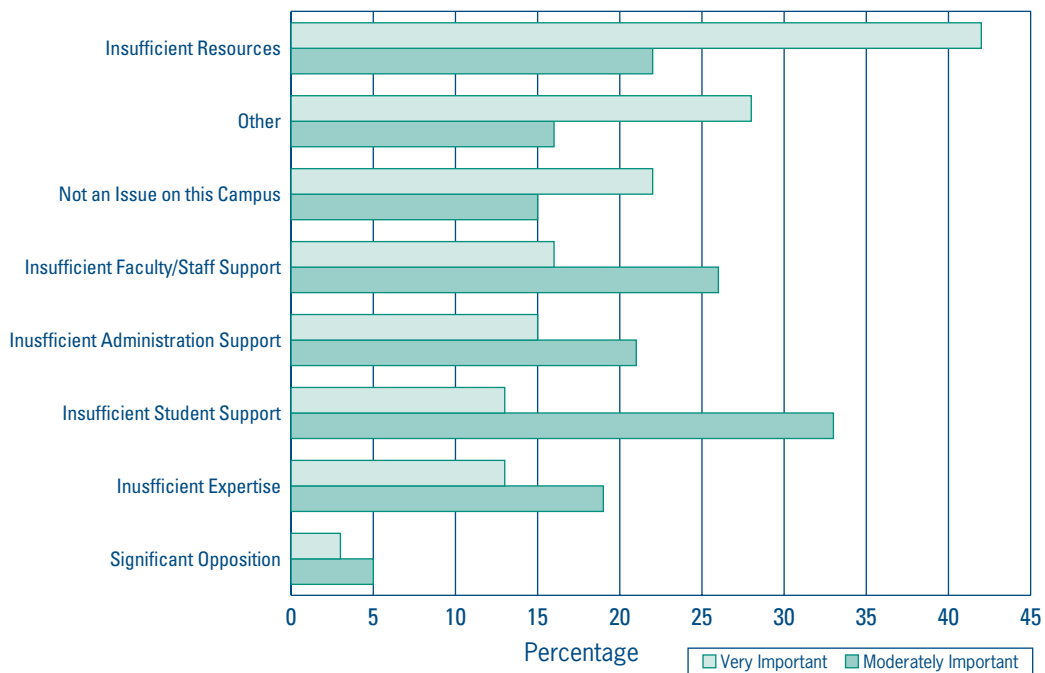


FIGURE 6

Reasons for Institutional Non-Involvement in HIV/AIDS in 2000



Curricular and Co-curricular Programs

One of the most effective ways to reach students on a community college campus is through the classroom itself. Many students are employed full-time, juggling myriad responsibilities, and consequently come to campus only for classes. Many do not participate in student activities such as health fairs, special presentations, or student life activities, even though 84 percent of responding colleges indicated that they conduct such activities. Figure 7 illustrates which health issues were identified as priorities for classes and presentations.

Many community colleges introduced service learning in curricular programs in the 1990s as a

strategy for dealing with health issues. There has been a significant rise in health-related service learning opportunities from 1996 to 2000. Figure 8 shows the increase in service learning opportunities directed toward specific health issues.

In keeping with specifications set forth in *Healthy People 2010*, the 2000 survey included questions about specific populations, including those who engage in high-risk behaviors that put them at risk for HIV infection and populations that are disproportionately affected by HIV infection. The results are shown in Figure 9. Except for persons engaging in high risk behaviors, all other high-incidence populations receive attention from approximately one out of four colleges.

FIGURE 7

Health Issues Addressed Through Classes and Presentations

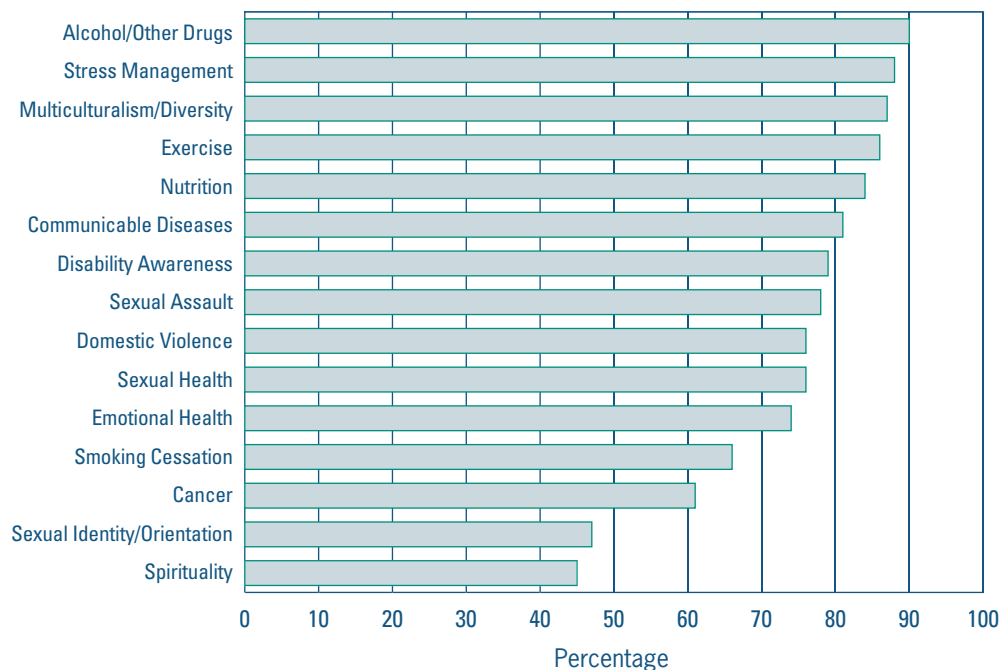


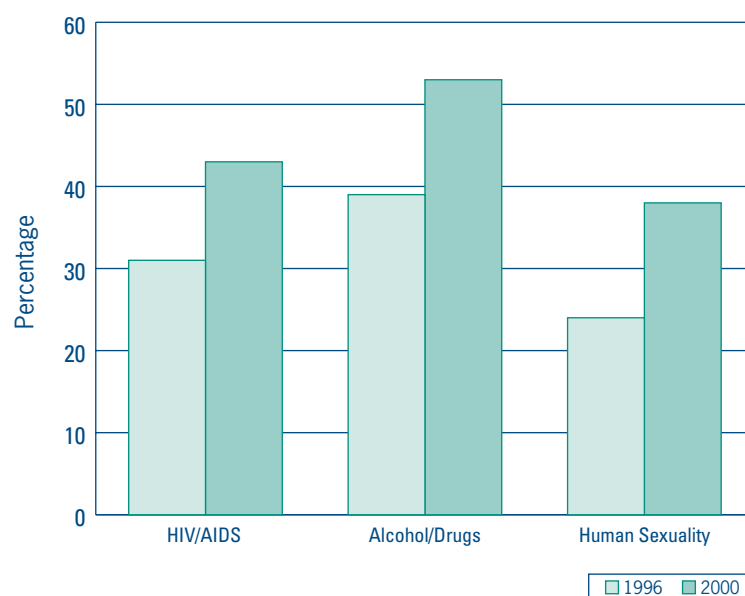
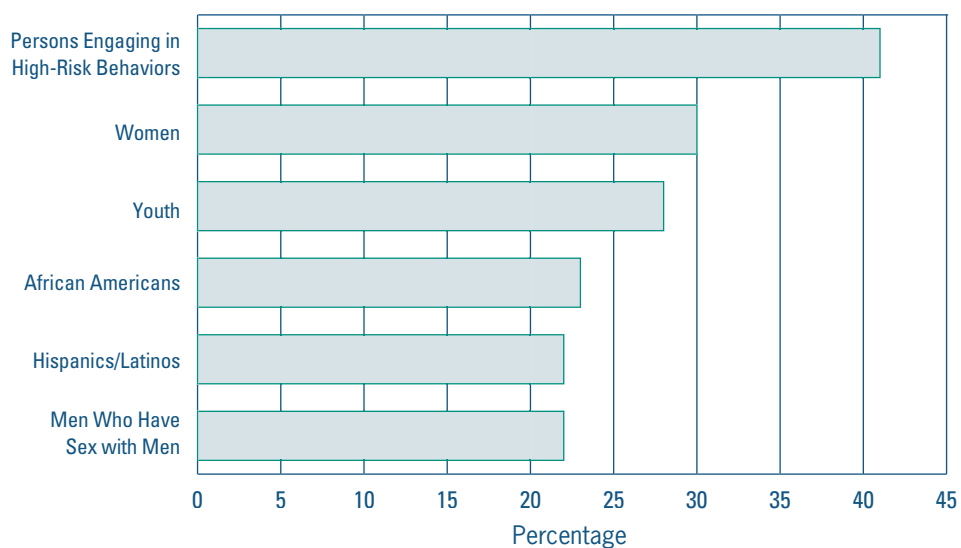
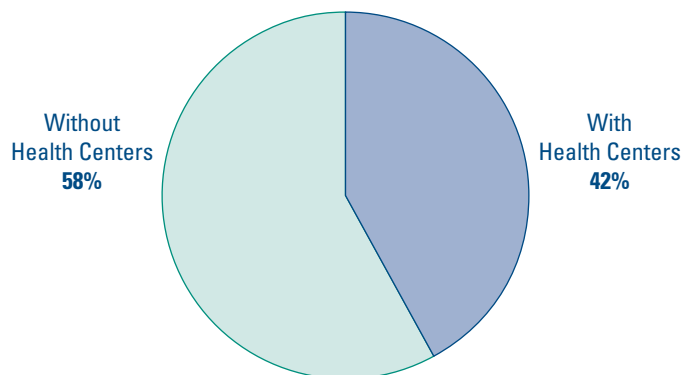
FIGURE 8**Service Learning Opportunities in 1996 and 2000****FIGURE 9****Populations Targeted for Health-Related Activities**

FIGURE 10

Community Colleges with Health Centers



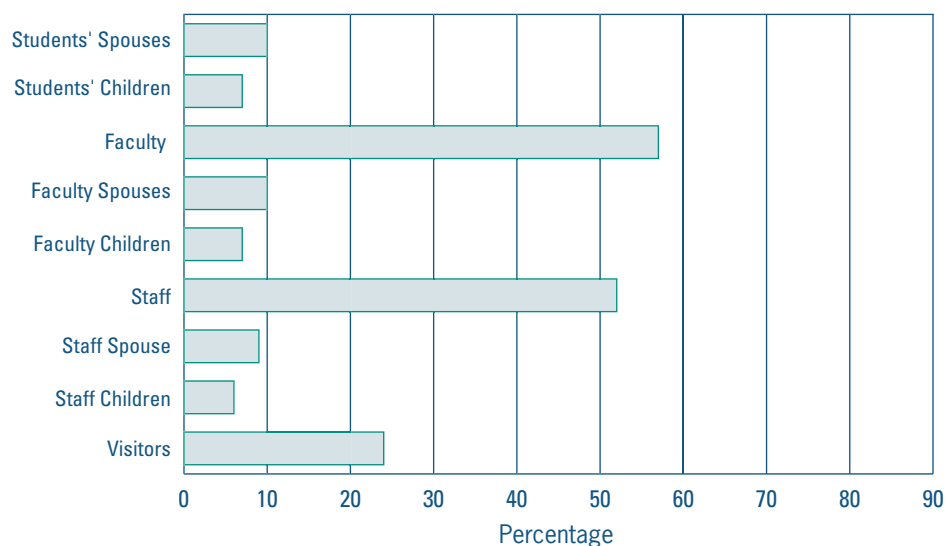
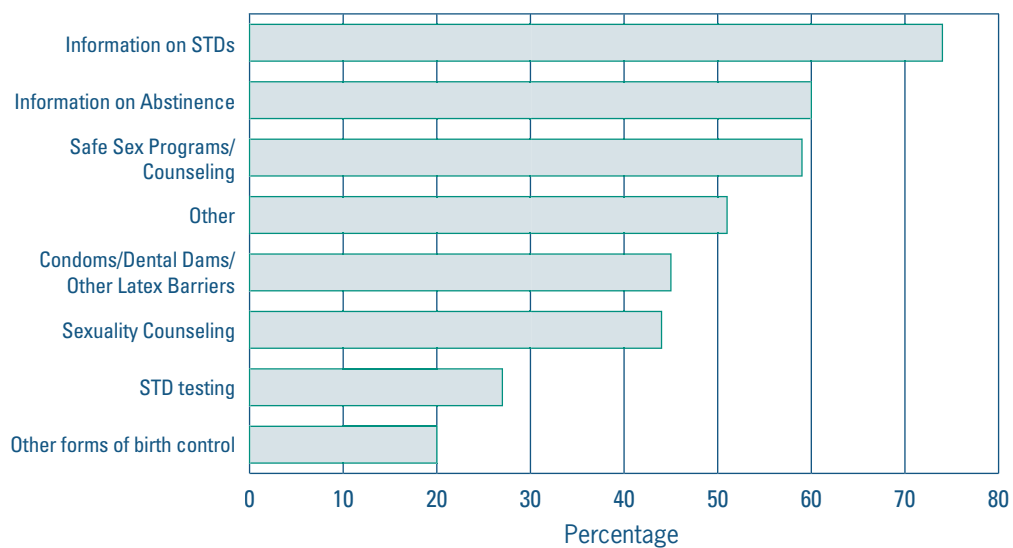
College Health Centers and Health Services

Forty-two percent of the respondents indicated that they had a health center on campus. Ninety-nine percent of those with health centers also made referrals to outside agencies and 90 percent invited agencies to provide services on campus. Of those indicating that they did not have a center, 91 percent said they provided referrals to outside agencies and 66 percent reported inviting outside agencies to provide services on the campus.

The majority of respondents with college health centers (74 percent) had nurse-directed centers. Eighty-four percent were open 30 hours a week or more when classes were in session; very few (only six percent) were open 20 hours or less. In addition to serving students, many campuses offered primary care to spouses, children, faculty, staff, and visitors. Figure 11 illustrates who was eligible for care at those campuses that had health centers.

Figure 12 shows the percentage of survey respondents offering various types of reproductive health care on their campuses. Percentages from 1996 and 2000 survey respondents are similar except for one notable difference: a greater percentage of respondents now offer STD testing (27 percent in 2000 as opposed to 17 percent in 1996).

The 2000 survey included questions pertaining to frequency of HIV testing, the number of students tested, and funding sources. In 1996, 14 percent of responding campuses offered HIV testing to their students. In 2000, that number rose slightly to 15 percent. The majority of responding campuses offering HIV testing to students did so at least once a semester or quarter (51 percent). Fifty-eight percent of responding campuses tested less than 50 students per year. Overwhelmingly, campuses that had testing services were funded by off-campus means, with the largest percentage of responding campuses (21 percent) funded by city, county, and state health departments.

FIGURE 11**Persons Besides Students Eligible for Care at Community College Health Centers****FIGURE 12****Types of Reproductive Health Services**

Collaboration with Community

Additional questions about collaboration were added to the 2000 survey. They refer to (1) cross-campus collaboration between student services and academic programs, and (2) community college collaboration with four-year colleges and universities on a specific health initiative. Both of these approaches hold promise for unifying a campus and assuring the delivery of consistent health messages. A third approach, which was addressed in the 2000 survey, is community college collaboration with state and local education agencies and neighboring schools. This approach meets the dual objectives of enhancing coordinated school health programs and providing service learning sites for community college students.

Collaborations with community organizations—particularly with city, county, and state health departments and hospitals—were the most popular

form of collaboration in both 1996 and 2000. The desire of community colleges to partner with community organizations remained consistently high (65 percent to 70 percent) in both surveys. Figure 14 illustrates these findings.

Conclusion

As institutions that serve students, parents, recent immigrants, and a broad spectrum of the members of our society, community colleges are uniquely positioned to influence the way the nation responds to health issues. If community colleges can create environments that support health and deliver relevant information and skills-building activities to students and staff, they have the potential to improve public health. The following resources are offered as a guide to develop campus-based health policies and procedures.

FIGURE 13 Community Collaboration on Health Issues

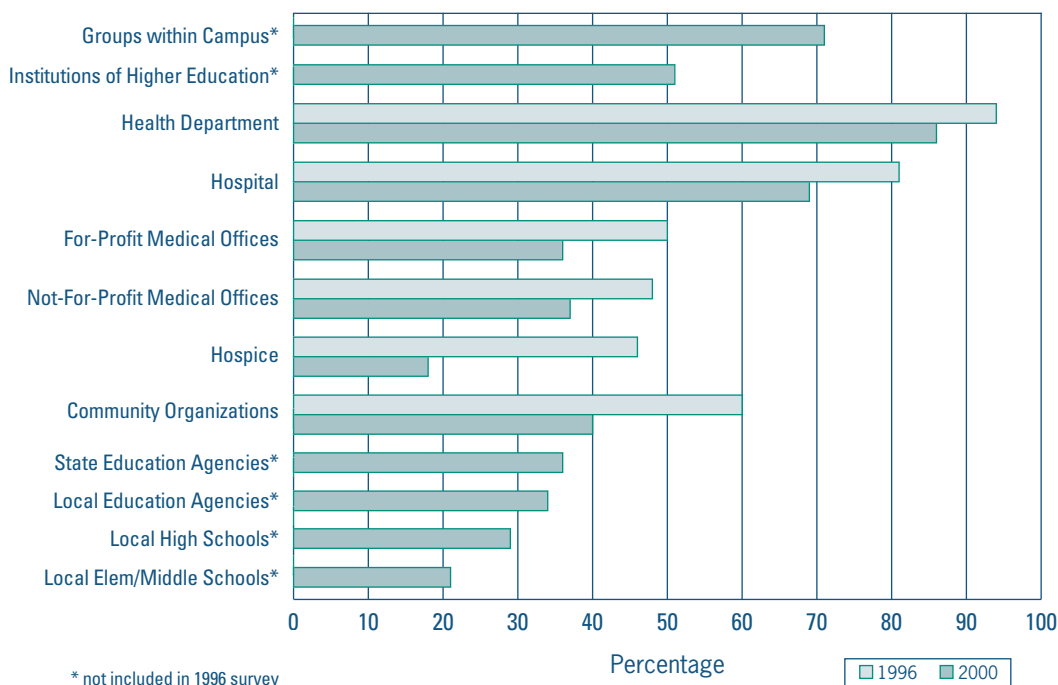


FIGURE 14

Campuses' Preferred Level of Community-Campus Collaboration

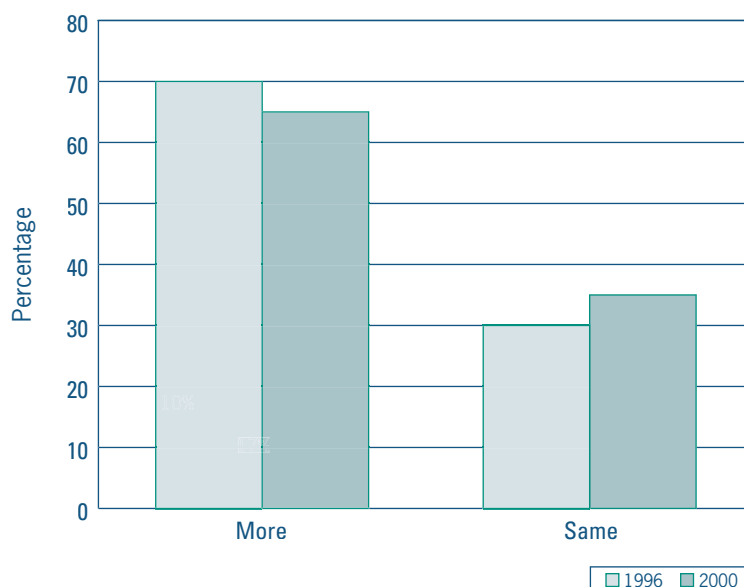


FIGURE 15: Prescription for Healthy Campuses

Based on findings compiled from prevention research and experience, the Bridges project created a Prescription for Healthy Campuses, strategies a community college campus can use to foster a healthy community:

- Deliver health messages from a variety of channels, (i.e. written procedures, class presentations, posters, e-mail messages, peer educators, etc.) to reach the student population.
- Offer accessible and affordable health services to students and staff either through a campus health center or through collaboration with health departments, state and education agencies, and community-based organizations.
- Involve students and faculty in curriculum-based service learning opportunities to educate students about HIV/AIDS and other important health issues.
- Maintain offerings in policies, programs, and services that are cultural, age, and gender appropriate.
- Provide interactive learning opportunities for students through discussion groups, peer education programs, and service learning experiences.
- Reach out to populations disproportionately affected by HIV or those engaging in high risk behaviors through targeted health promotion activities.
- Provide professional development activities for staff and students concerning HIV/AIDS, infectious diseases, and the role individuals can play in creating their own and campus health.

AACC Bridges to Healthy Communities 2005 Partners

AACC collaborates with other higher education organizations. Descriptions of their work can be found at the following Web site addresses.

American Association of Colleges of Teacher Education
http://www.aacte.org/Research/without_aids.htm

American College Health Association
http://www.acha.org/projects_programs/00081.cfm

Association of American Colleges and Universities
<http://www.aacu-edu.org/PHHE/phhemainpage.html>

National Association for Equal Opportunity in Higher Education
<http://nafeo.bdsp.org/>

National Association of Student Personnel Administrators
<http://www.naspa.org/CDCWEB/helphome.htm>

Student National Medical Association
<http://www.snma.org/bipcorps.html>

United Negro College Fund Special Projects, Inc.
<http://www.uncfsp.org/bope/default.asp>

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Selected Electronic Resources

AACC Bridges to Healthy Communities project
www.aacc.ncbe.edu/bridges

American Public Health Association
www.apha.org

Centers for Disease Control and Prevention (CDC) websites:

- Division of Adolescent and School Health (DASH)
<http://www.cdc.gov/nccdphp/dash>
- National Center for HIV, STD, and TB Prevention
<http://www.cdc.gov/nchstp/od/nchstp.html>
- National Center for Injury Prevention and Control
<http://www.cdc.gov/ncipc/ncipchm.htm>
- National Center for Environmental Health
<http://www.cdc.gov/nceh/default.htm>
- Tobacco Information and Prevention Source
<http://www.cdc.gov/nccdphp/osb/tobacco.htm>
- Morbidity and Mortality Weekly Report
<http://www.cdc.gov/epo/mmwr/mmwr.html>
- Healthy People 2010
<http://www.health.gov/healthypeople>
- U.S. Minority Health Resource Center
<http://www.omhrc.gov>
- U.S. National Institutes of Health
<http://www.nih.gov>
- U.S. Office of Disease Prevention and Health Promotion
<http://www.odphp.osophs.dhhs.gov>
- World Health Organization
<http://www.who.int>

FOR MORE INFORMATION ON BRIDGES TO HEALTHY COMMUNITIES, CONTACT:

Nan Ottenritter
Coordinator of Health and Wellness
American Association of Community Colleges
One Dupont Circle, NW, Suite 410
Washington, DC 20036-1176
Phone: (202) 728-0200, ext. 230
Fax: (202) 728-2965
Email: nottenritter@aacc.ncbe.edu
Web: <http://www.aacc.ncbe.edu/bridges>

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